

POSZ LAW GROUP, PLC

ATTORNEYS AT LAW

12040 SOUTH LAKES DRIVE, SUITE 101
RESTON, VA 20191TEL: (703) 707-9110
FAX: (703) 707-9112
WWW.POSZLAW.COM

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DAVID G. POSZ
JAMES E. BARLOW *
BRIAN C. ALTMILLER
ROBERT L. SCOTT, II
CYNTHIA K. NICHOLSON
R. EUGENE VARNDELL, JR.
THERESA B. VARNDELL*

DEBRA G. SHOEMAKER, PH.D.**

* NOT ADMITTED IN VIRGINIA
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FACSIMILE TRANSMISSION

Date: 10 May 2006
To: Examiner William F. KRAIG.
GAU 2815
Fax No.: 571-273-8300

Pages: 22
From: Brian C. Altmiller

Applicant: AOKI	Atty. Dkt.: 01-562
Serial No.: 10/790,211	Art Unit: 2815
Filed: March 2, 2004	Examiner: William F. KRAIG
Title: SEMICONDUCTOR DEVICE HAVING TRENCH GATE STRUCTURE AND METHOD FOR MANUFACTURING THE SAME	Confirmation No.: 1016
Attached:	<ul style="list-style-type: none"> Amendment Transmittal Form (1 page) Fee Transmittal Form, including authorization to charge \$120.00 to Deposit Account 50-1147 (1 page) Petition for Extension of Time, one month (1 page) Amendment Under 37 CFR 1.111 (18 pages)

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Signature		Date	May 10, 2006

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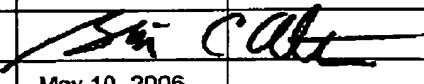
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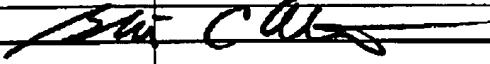
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This Form Based on PTO/SB/21

TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>		Application Number	10/790,211
		Filing Date	March 2, 2004
		First Named Inventor	AOKI
		Group Art Unit	2815
		Examiner Name	William F. KRAIG
		Attorney Docket Number	01-562

ENCLOSURES (check all that apply)			
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers <i>(for an Application)</i> <input type="checkbox"/> <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition <input type="checkbox"/> To Convert a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Small Entity Statement <input type="checkbox"/> Request of Refund	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group <i>(Appeal Notice, Brief, Reply Brief)</i> <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Additional Enclosure(s) <i>(please identify below):</i> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
		Remarks	

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Posz Law Group, PLC
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